

Navajo County Assessor's Office CAMMY DARRIS ASSESSOR

Marlene Sample Chief Deputy

AFFIDAVIT OF OCCUPANCY STATUS

RESIDENTIAL USE FORM

Property	y Owner(s) Name(s)
Property	y Site Address
Parcel No	
Section	1.
	 I declare that this property is my one and only primary residence or is leased/rented to my qualifying relative (as listed in the definition) and used as the relative's primary residence.
	2. This home is not my primary residence, but is a secondary residence that I use for limited periods.
\vdash	 Rental Property. Please complete a AZ Residential Rental Property Form as required by the State Other please state.
Section	
-	ecked box 1 above, please continue. If you checked box 2 through 4 in Section 1, you do not need to answer itional questions. Please fill in contact information and return the form to the Assessor.
	I or my qualifying relative lived at this address for at least 9 of the past 12 months.
Tu	I recently purchased this property and intend for this property to be used as my only primary residence; or I recently purchased this property, rented it to my qualifying relative and they will use it as their primary residence. Neither I nor my spouse owns any other residential property for which one or both of us have filed an affidavit of primary residence for this tax year.
Section	3.
1.	Please provide a copy of one item from the list below. If a qualifying relative they must provide a copy. Voter RegistrationDriver's License or State Issued IDVehicle RegistrationSpouse's primary residence (Check this box if not married.)
2.	In the past 12 months, how many months have you lived at the above residence as your primary residence:
	Less than 3 months 3 to 6 months 6 to 9 months
3.	Do you own a home in another State , County or Foreign Country? Yes No
4.	Have you, your spouse or qualifying relative to whom you rent this home, filed an affidavit of primary residence in the last year for any other home in Arizona? Yes No
Print nai	me:
Contact	information: Mailing address
Phone n	umber Email Address:
Sign:	Date:
Ch	eck box for Assessor to update records to new contact information.